



**CERTIFICATE OF MAILING BY FIRST CLASS MAIL**

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner Of Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

*Terri G. Fox*  
(signature)

Date of signature and deposit -

*May 26, 2005*

PTO/SB/82 (09/04)

Approved for use through 11/30/2005 OMB 0651-0035  
Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/849,970
	Filing Date	May 20, 2004
	First Named Inventor	Ernst Ach
	Art Unit	3652
	Examiner Name	
	Attorney Docket Number	132702-0086 (form. 16755)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 50659

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 50659

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

*Hans Blöchle*

*Dr. Andreas Gaussmann*

Name

Hans Blöchle

Dr. Andreas Gaussmann

Date

*APRIL 20, 2005*

Telephone

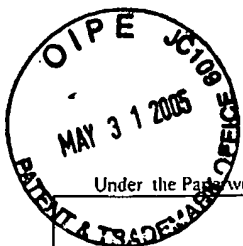
*41-41-6328510*

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of One (1) forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, U. S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

000132702/0001/603864-1



PTO/SB/96 (09/04)

Approved for use through 07/31/2006. OMB 0651-0031  
Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Inventio AG  
Application No./Patent No. 10/849,970 Filed/Issue Date: May 20, 2004  
Entitled: Elevator System  
Inventio AG, a corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or  
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership is: \_\_\_\_\_

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the U. S. Patent and Trademark Office at Reel 014728 Frame 0055, or for which a copy thereof is attached.

OR

- B. ☐ An assignment from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

- ☐ Copies of assignments or other documents in the chain of title are attached.  
[Note: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature

APRIL 20, 2005

Date

Hans BlöchleDr. Andreas Gaussmann

Printed or Typed Name

41-41-6328510

Telephone Number

ManagerHead of Patent Department

Title

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). This form is estimated to take 6 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231